Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
7.1.13 . 2.1.1		is Einmit of the orthogonal in	A. BUILDING: _		C	
		IL6015473	B. WING	B. WING		; 3/2013
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ILLINOIS	/ETERANS HOME AT QU	JINCY 1707 NORT	TH 12TH STRE . 62301	ET		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ON SHOULD BE COMPLET E APPROPRIATE DATE	
Z 000	COMMENTS		Z 000			
	Original Complaint In 65457	vestigation for 1323830/IL				
Z9999	FINDINGS		Z9999			
	LICENSURE VIOLAT	TIONS				
	340.1505b)5)					
	Section 340.1505 Me Restorative Services	-				
	and services to attain practicable physical, well-being of the resideach resident's comp	ovide the necessary care or maintain the highest mental, and psychosocial dent, in accordance with rehensive resident care properly supervised nursing				
	plan. Adequate and properly supervised nursing care shall be provided to each resident to meet the total nursing care needs of the resident.  5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as necessary in an effort to help them retain or maintain their highest practicable					
	level of functioning.  This requirement is not a second control of the second control of	ot met as evidenced by:				
	reinstatement of motor to maintain independent	failed to allow opportunity for orized wheelchair privileges ence and psychosocial hree residents (R1 and R2) removal of residents'				
	Findings include:					

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Illinois Department of Public Health

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMP	
			A. BUILDING: _			
		IL6015473	B. WING		l l	C <b>23/2013</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
		1707 NOR	TH 12TH STRE	ET		
ILLINOIS	VETERANS HOME AT QI	UINCY QUINCY, I	L 62301			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	F CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	COMPLETE DATE
Z9999	Continued From page	e 1	Z9999			
Z9999	1. On 9/18/13 at 8:48 of Attorney) stated, ". resident) for 20 years they changed the rule wheelchairs and scoot the sidewalks. That to lots (R1) was told to into the parking lots of sidewalks or on the dot The residents now can have to stay only on and side is where the have to take their charton to go there (R1) si wheelchairs) in 2008 2009. How can that the enforcing the rules the seems like it's only (and Registered Nurse) seem forcing these rules 68 years old now and (R1) didn't get (R1's) 2001. (R1) just got and March (2013). When (R1) he (2013). When (R1) but (R1) but (R1) but (R1) but (R1) but (R1) sand speech is off but and knows (R1) woul said never. E3 (RN)	a.m., Z1 (R1's POA -Power(R1) has been here (as a a. A few years ago in 2008 as saying that (the electric oters) were only to ride on they can't go into the parking wice he is not allowed to go or in the street only on the resignated crossing areas an't go to the deer pen. They one side but the back end animals are and they would hairs to the edge of the street regned the rules (for electric but it says it was revised in the tall the says it was revised in the says it was revised in the tall the says it was revised in the	Z9999			
	ı · · · · · ·	he electric wheelchair back) gency) said that it would be				
		ot pedals on the manual				
		c for (R1). (R1) propels the				
	,	) left arm (R1's right arm is				
	1	(R1's) left leg to prop under n is paralyzed) to help propel				

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6015473	B. WING		O9/2:	3/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	•	
ILLINOIS	VETERANS HOME AT QU	JINCY 1707 NORT	TH 12TH STRE . 62301	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
Z9999	the manual wheelcha where (R1) can go. (and back but (R1) usover We (Z1 and R meeting with (E14 So E3 (RN) concluded (Felectric wheelchair) b (two other units there towards (another unit they can and others of the construction of R1 stated (Felectric wheelchair) and a state of the construction of R1 stated (Felectric wheelchair) and a difficulty answaphasia (difficulty answaphasia (difficulty answaphasia (difficulty speland a manual wheelchair of R1's protorized wheelchair by gestures and shor an electric wheelchair recently been taken a indicated (Z1 R1's PC regarding R1's electric behalf.  R1's care plan dated and oriented and has (paralysis), Aphasia, Obstructive Pulmonal Summary notes dated R1 is alert and oriented Sets) dated 4/03/13 ano short term or long 9/17/13 at 9:30 a.m., propels the manual wright arm and right leg	ir as well. It does restrict R1) goes to the coffee shop ed to be able to get all 1) did have a private cial Services and E3 RN) R1) wasn't going to get (R1's ack. I know when I go by are residents driving) in the street. Tell me why can't"  m., R1 was lying on the bed fer from a lying to sitting R1) had a stroke 20 years at the facility since that time. Evering questions due to eaking due to stroke). R1 thair parked at the bedside electorized chair sitting on the elersonal locker but no in R1's room. R1 indicated at verbal responses R1 had ar for 10 years but it had alway permanently. R1 DA) could answer questions c wheelchair on (R1's)  4/15/13 states R1 is alert right side hemiplegia and COPD (Chronic	Z9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		IL6015473	B. WING	B. WING		C 0/ <b>23/2013</b>
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	. ZIP CODE	1 00	72072010
		1707 NOF	RTH 12TH STREET			
ILLINOIS	VETERANS HOME AT QU	JINCY	IL 62301			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
	(R1) would like an op wheelchair back but F (R1) could "never" ha back.  A type written form titl Wheelchair/Scooter S R1 and dated 10/27/0	Safety Rules was signed by 8. The form states it was				
	formulated September 2008 and revised September 2009. The rules on the form states " 8. You should not ride in the streets. Stay on the sidewalk 13. Your chair may be taken away by the (facility staff) if: a. You run into another resident, staff person, visitor, or object. b. You are driving in an manner that is deemed unsafe by the staff. c. Your medical condition is or becomes such that you can not safely operate an electric chair. d. or you do not pass the driving test".					
	a grievance had not be Z1 were not aware of Z1 stated Z1 didn't not wheelchair is now. Z1 (RN) told (Z1) the ele been brought up in the on R1's unit. Z1 reports a.m., E5 (RN) with the units community results a transfer with E3 (RN) regarding R1's electric E3 stated R1 would not wheelchair back. Z4 said there was some community.	m., Z1 (R1's POA) reported been filed as neither R1 or that process or procedure. It know where R1's electric (R1's POA) indicated E3 ctric wheelchair rules have be community meetings held with R1 does not attend in (R1's) unit. On 9/17/13 at verified R1 does not attend meetings. On 9/17/13 at disman) stated (Z4) had - Nursing Supervisor) is wheelchair. Z4 reported ever have the electric (Ombudsman) stated, "(E3) one before (R1) and four nobody's getting them				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		IL6015473	B. WING		09/23/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
II I INOIS	VETERANS HOME AT QU	IINCY 1707 NOR	TH 12TH STRE	ET	
ILLINGIO	VETERARO HOME AT Q	QUINCY, I	L 62301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE COMPLETE
Z9999	99 Continued From page 4		Z9999		
	unit dated 4/11/13 state encouraged to stay of walking and operating is soft and uneven. Thouse and railroad the residents are now enteresidents with the community Meunit, dated 5/09/13, resulting to the date of 13/13 states increased concerns of wheelchairs/scooter of them in a safe manner due to medical issue, issue with the chair its asked when t	In the sidewalks when a power chairs as the ground the area around the Power acks remain off limits and couraged to avoid going on deer pen. Signs will soon be hich areas are prohibited" beeting Minutes from R1's epeat this same statement.  There have been egarding power usage and residents using er. If a chair is removed it is a cognitive issue or an self. The first thing that is is removed is 'When can it answer is when the But if a member chooses in unsafe manner such as at are deemed unsafe, and it certain period of time this is er or punishment and this is er asked how we can take does not belong to you. It is do not actually take the privilege of using it. A in the city if you run out of the street. Members were gined an agreement to use in aking them into areas with a trains or high traffic is it was reported that some			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		OOWII EETEB	
		IL6015473	B. WING		C 09/23/2013	
NAME OF D	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE ZIR CODE	1 00:20:20:0	
NAME OF T	NOVIDEN ON 3011 EIEN		TH 12TH STRE	,		
ILLINOIS	VETERANS HOME AT QU	JINCY QUINCY, I		LI		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLE	
Z9999	Continued From page	e 5	Z9999			
	An Evaluation Summ dated 3/05/13 and sig Therapist) and E4 (C Practitioner) states R name, place, staff, ar also states R1 is "a commands with short memory intactmake independently. Comm due to aphasia, but cl wants and needs knotrialed in a group 3 pc demonstrates safe ar Occupational Therapy 4/26/13 and signed b states, " (R1) comp performed on curb cu and doorway to cofferability to learn new te to the (new electric w	ary for Face to Face Exam gned by Z1 and Z2 (Physical NP - Certified Nurse 1 is "alert and orientated to not time." The evaluation ble to follow multiple step eterm and long-term as all decisions nunication skills are impaired lient is able to make all lown has successfully been ower wheelchair and not independent mobility" A sy Discharge Summary dated by E4 (CNP) on 4/29/13 leted training on campus ats and sidewalks, ramps to shop demonstrates chniques quickly, adapting				
	and completed by E6 Nurse) states, " (E8 far parking lot of (R1's security Security ca with R1) (R1) came to (R1's) room" On Registered Nurse Su 5/17/13 incident repo testing further non-removal of electric ch An incident report dat completed by E6 (LP) Veterans Nursing Ass Housekeeper) pointer	inne (after security spoke into the building and went 5/20/13, E3 (RN - pervisor) documented on the rt, " (R1) has passed compliance will result in				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER O	OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
ILLINOIS VETERAN	NS HOME AT OI	IINCY 1707 NOR	TH 12TH STRE	ET		
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
outside the par road ar remind (R1) get the oth to sit. Our the sit. Our to sit. Our the sit. O	king lot to R1's and got on the sed (R1) that (Restured to (E6) er side of the particular conditions of	coming up (the road from sunit) (R1) came up the sidewalk (E6 LPN) R1) had to stay on sidewalks. there were no sidewalks on parking lot where (R1) liked and reported (R1) (E21 do to remove (R1) from E3 (RN Supervisor) (708/13 incident report, " No per (medical) changes Staff on 6/08/13 correctly - noted resident warned documentation resident to come to meals, refused in room See attached - scuss at Resident Care  m., E24 (Administrative 2 (DON - Director of Nursing the Resident Care Meeting at indicated R1 did not have atted E3 (RN Nursing tentation was a referral to the affety rules R1 signed on	Z9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		IL6015473	B. WING		09/23/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
	VETERANO LIONE AT OL	1707 NOR	TH 12TH STRE	ET	
ILLINOIS	VETERANS HOME AT QU	JINCY QUINCY, I	L 62301		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFICE OF THE APPROFI	D BE COMPLETE
Z9999	Continued From page	· 7	Z9999		
Z9999	with (Z1). (E1 Adminisafe or they're not. Esaid they are going to (mental status exam) Service Director) said getting a SLUMS with aphasia (disorder of lagetting a SLUMS with aphasia (disorder of lagetting as LUMS is irrelevant to the states, "E17 Medis SLUMS is irrelevant to the states, " Any reside wheelchair or scooter immediately removed a manual wheelchair. cause of the unsafe of Physician/CNP (Certifother staff as deemed wheelchair or scooter decision has been manual wheelchair or scooter decision has been manual wheelchair When the evaluated the medical determination has been resident will be allowed wheelchair or scooter scheduled with the reresident may or may retest for driving skills	Social Services) will meet istrator) said either they're 3 (RN Nursing Supervisor) do a repeat SLUMS on (R1). (E23 Social they've not been successful (R1) in the past (due to) anguage due to stoke) - ated trying to answer the cal Director) said (R1's) to the issue"  hairs, Electric/Scooter ent dated August 2012 ent driving their electric in an unsafe manner will be for the chair and placed in A determination of the riving will be made by the fied Nurse Practitioner) and I necessary The electric will not be reinstated until a adde that the resident: a) No all condition that caused the in driving the r b) has improved cognition afte to drive the electric le Physician/CNP has l/cognitive problem and a len made whether or not the	Z9999		
	Wheelchair/Scooter S is reinstated Driving	safety Rules form if the chair g in an unsafe manner			
	including but not limite intoxicated, driving to	ed to: driving while o fast, driving in the middle			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SU COMPLE		
		IL6015473	B. WING		C 09/23/2013	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 00/20	72010
ILLINOIS	VETERANS HOME AT QU	JINCY 1707 NORT QUINCY, IL	TH 12TH STRE . 62301	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
Z9999	of the road instead of out before leaving the objects, another resid may lead to permane wheelchair or scooter  On 9/18/13 at 10:25 a electric wheelchair or R5 stated (R5) didn't wheelchair rules. R5 around (in R5's electric "just stays put".  On 9/18/13 at 11:00 a electric wheelchair or unit. R6 stated, " N I can go anywhere I v a.m., R7 crossed the in an electric wheelch in an electric wheelch the bank and got lost nursing care unit) (s yesterdaynot sure relectric wheelchair." wheelchair rules R6 son the sidewalks, I gu a.m., R8 was sitting in front of (R8') unit. R8 aware of any rules, an in electric wheelchair want. Some go to (lo to (a local fast food rego to (a local bar)"  On 9/18/13 at 11:30 a Supervisor) reported (the building E9 supetheir electric wheelch street along the sidev building. E9 stated it grounds that has a cu	the sidewalk, not signing building, running into lent, staff person or visitor intremoval of the electric immersion."  a.m., R5 was sitting in an in the patio outside his unit. know of any electric indicated (R5) used to go all inc wheelchair) but now (R5)  a.m., R6 was sitting in an in the patio outside (R6's) or estrictions that I know of electric indicated in a cross walk area in a cross in (a spouse) just came in a can get there (in the Regarding electric stated, " Supposed to stay it indicated (R8) was not in an electric wheelchair in a indicated (R8) was not indicated (R8)	Z9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SU  A. BUILDING: COMPLE				
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		IL6015473	B. WING		09	/23/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
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ILLINOIS	VETERANS HOME AT Q	QUINCY	, IL 62301			
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	the street to access the building. An electric 9/17/13 indicate there electric wheelchairs/s.  R1's Physician Order Take member out to) safety issues".  Progress Notes date: E6 (LPN) read R1 the telling R1 "someone" electric wheelchair in	wheelchair/scooter list dated e are 17 residents using scooters in E9's building.  The sinclude a late entry stating, of (electric wheelchair due R1's Interdisciplinary d 5/15/13 at 10:00 a.m. state e electric wheelchair rules had see R1 riding R1's parking lots. The 5/15/13				
	Interdisciplinary Prog 12:45 p.m. verify E6 documented on an in date. Neither the Inc Interdisciplinary Prog 5/17/13 indicated Z1 R1's Interdisciplinary at 1:30 p.m. written b observations of R1 o	ress Notes for R1 on (R1's POA) was notified. Progress Notes on 6/08/13 by E6 (LPN) verify E6's n 6/08/13 documented on an same date and indicates Z1				
	dated 6/11/13 at 1:30 Nursing Supervisor) regarding the remova The notes indicate R Nursing Supervisor) present. E3's 6/11/13 appeal) is needed an a one month remova frame without chair E3 (RN - Nursing Su to permanently remo "was above me." On	linary Progress Notes for R1 p.m. written by E3 (RN indicate a meeting was held al of R1's electric wheelchair. 1, Z1 (R1's POA), E3 (RN and E14 (Social Service) 5 notes state, " Feels (an id will seek appeal (Z1) felt I would be enough of a time " On 9/17/13 at 11:00 a.m., pervisor) stated the decision we R1's electric wheelchair 19/18/13 at 11:40 a.m., E14 icated (E14) was not part of				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMP	
7.11.0 1 27.11	or connection	is Entire to the interest in t	A. BUILDING:			
		IL6015473	B. WING			C <b>23/2013</b>
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NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
ILLINOIS	VETERANS HOME AT QU	JINCY	RTH 12TH STREET			
		QUINCY, ATEMENT OF DEFICIENCIES	IL 62301			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
Z9999	99 Continued From page 10		Z9999			
	the decision making process for permanent removal of (R1's) electric wheelchair. E14 reported (E14) participated in the meeting with R1 and Z1 (R1's POA) at the request of E3 (RN - Nursing Supervisor).					
	completed E22 (Social Diagnosis of Depression on 11/1 wheelchair until 6/08/1 removed Since 6/08 meals and medication depressed in the last of (R1's) electric wheelchair until 6/08/1 meals and medication depressed in the last of (R1's) electric wheelchair until 6/08/1 meals and medication depressed in the last of (R1's) electric wheelchair until 6/08/1 meals and medication depressed in the last of (R1's) electric wheelchair until 6/08/1 meals and medication depressed in the last of (R1's) electric wheelchair until 6/08/1 meals and medication depressed in the last of (R1's) electric wheelchair until 6/08/1 meals and medication depressed in the last of (R1's) electric wheelchair until 6/08/1 meals and medication depressed in the last of (R1's) electric wheelchair until 6/08/1 meals and medication depressed in the last of (R1's) electric wheelchair until 6/08/1 meals and medication depressed in the last of (R1's) electric wheelchair until 6/08/1 meals and medication depressed in the last of (R1's) electric wheelchair until 6/08/1 meals and medication depressed in the last of (R1's) electric wheelchair until 6/08/1 meals and medication depressed in the last of (R1's) electric wheelchair until 6/08/1 meals and medication depressed in the last of (R1's) electric wheelchair until 6/08/1 meals and medication depressed in the last of (R1's) electric wheelchair until 6/08/1 meals and	essment dated 6/11/13 and al Services) states, " ion was changed to history 10/10 (R1) used an electric 13 at which time it was 8/13 (R1) has declined some ns Feels discouraged and two days since the removal elchair, but denied suicidal el depressed prior to the ctric wheelchair (R1's) a affected the overall test of 4/30 is not believed to be a of (R1's) cognitive				
	"drives really good. NE7 (VNAC) reported I taken away because in the far parking lot (VNAC) denied R1 haresistive with care. Emake beds upstairs I see others by the deawheelchairs) on the reindicated the facility hwheelchair/scooter rusummer but R1 has be					
	stated R1 goes in the	m., E8 (Housekeeper) parking lot to sun and has rs." E8 reports staff were				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		IL6015473	B. WING		09	C 0/23/2013
	ROVIDER OR SUPPLIER	1707 NOF	DDRESS, CITY, STATE			
ILLINOIS	VETERANS HOME AT QU	QUINCY,	IL 62301			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
Z9999	lots, or down by the F wheelchairs. E8 (Hor They've got to cross to sidewalk and the park sidewalk (R1) sits in patio now but has to lindicated R1 always shack away" from every con 9/17/13 at 11:55 at (R1) likes to go and parea and sun bathe. grounds with the elect reported on 5/15/13 Erules and read them to this at the request of but it was not verified facility street/parking on 5/15/13. E6 (LPN this for years (sitting in lit's not a new policy juties on electric wheelchair supervision being tested in order privileges back. R4 stime." R4 indicated (loperate the electric wheelchair retime.  On 9/18/13 at 10:30 at not participate in care.	to be in the street, parking Power House in their electric usekeeper) reported " the street here to get to the king lot to get to the next in the sun on the side of the nave help to get there". E8 sat in the parking lot "way rything.  a.m., E6 (LPN) stated, " tark in the very last parking (R1) goes all over the tric wheelchair" E6 to R1. E6 indicated (E6) did E3 (RN Nursing Supervisor) that it was R1 noted on the lot in an electric wheelchair ) stated, "(R1's) been doing in the parking lot sunning). Lest new to push the rules"  a.m., R4 was preparing to elechair on a sidewalk with the standing next R4's electric in gR4. R4 reported R4 was to get (R4's) wheelchair in the past ings and people." E10 rified R4 is being tested for instatement for the third  a.m., E4 (CNP) stated E4 did to plan meetings with R1. E4	Z9999			
		participate in the decision to heelchair permanently and				

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, , ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	(X3) DATE SURVEY COMPLETED	
		IL6015473	B. WING		C 09/23/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE	
			RTH 12TH STREET	•	
ILLINOIS	VETERANS HOME AT QU	JINCY	IL 62301		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	
Z9999	Continued From page	: 12	Z9999		
	the permanent remov (RN - Nursing Superv order. A Physician Pr written by E4 (CNP) s	ought process or reason for al. E4 (CNP) indicated E3 isor) requested a written ogress Note dated 8/07/13 tates, " Out of (wheelchair lue to not staying out of the			
	stated, "It's all or no	nent, E1 (Administrator) thing. I hate them (electric I wish they'd never allowed			
	letter out of that shelf it. It's about my wheel me." The letter is a ty dated 7/19/13. The c following: "You of co electric wheel chair for sudden it has been ta who really had no bus approached me about worried feeling about wanted me to stop us showed them my han way. They threatened I wouldn't be able to rargued and they did to Then they said I could not move then and die	urse are aware that I had an or a while. But all of a ken away from me by those siness doing it. (Two) girls			
	decided I had better n avoid the interference the power back on to was many times stror my chair plunged ahe almost hitting (R9) an	nove to another location and However, when I turned move I found that the power ager than it had been on and ad jumping in the air and d landing me into another R2 said, "The girls had			

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1707 NORTH 12TH STREET	
1707 NORTH 12TH STREET	2013
1707 NORTH 12TH STREET	
II I INOIC VETERANC HOME AT OHINCY	
ILLINOIS VETERANS HOME AT QUINCY QUINCY, IL 62301	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CO	COMPLETE DATE
Z9999 Continued From page 13 Z9999	
disengaged my power chair and when it was turned back on it went faster that it was supposed to so it plunged forward. It wasn't my fault. I've always worked with machinery. I know how to use machinery, power saws and all. I'm 95 years old and all I want to do before I die is to walk. That is my one goal. I was able to go over to therapy when I had the electric wheel chair. Now I can't get there so I can't walk the parallel bars in the open gym."  Restorative Nursing Orders dated 7/23/13 under Section 2 include the following Restorative order:  "D/C (Discontinue) open gym - (R2) no longer able to come to therapy building independently."  A Restorative order dated 7/31/13 for Ambulation with assist of one to and from tollet, meals and activities and at every opportunity was to start on 8/1/13, 29 days after the power chair was taken.  The facility incident report dated 7/31/3 at 8.00 am includes the following, "(E20/NAC/Veterans Nurse Aide Certified) had taken (R2) to the restroom (E20) was giving (R2) his glasses, (R2) started talking and ran over (E20s) floot with electric wheelchair. (E20) said stop, your running over my foot. (R2) said. "Oh, I am sorry."  R2's nursing note dated 7/3/3 at 8.00 am, reports, "(E20/NNAC/Veterans Nurse Aide Certified) reported that (R2) in am over [E20's) foot with electric wice (wheelchair). (E20's) floot with electric wice (wheelchair). (E20's) floot with electric wice wheelchair). (E20's) floot with electric wice that (R2) in an over (E20's) floot with electric wice that (R2) in the active and supervisor notified." Nursing note at 2:30 pm on 7/3/13 states, "PT (Physical Therapy Supervisor) here and reviewed w/c safety rules. W/C reinstated as earlier incident was accident and not poor driving skills," At 6:00 pm on 7/3/13, the nurse documented.  "Witnessed (R2) in dining room sideswipe another member's wheel chair and then got electric wheel chair caught to the corter of a	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICAL		IDENTIFICATION NOMBER.	A. BUILDING:		GOIVII LETEB		
					С		
		IL6015473	B. WING		09/23/2013		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
		1707 NOR	TH 12TH STRE	ET			
ILLINOIS	VETERANS HOME AT Q	UINCY Quincy, I	L 62301				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	OF CORRECTION (X5)		
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE AC	CTION SHOULD BE COMPLET		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIE			
				521.1012.	10.7		
Z9999	Continued From page	e 14	Z9999				
	going to have to dise	ngage (R2's) wheelchair					
	0 0	ues. " On 7/3/13 at 6:10 pm,					
	the nurse charts, "Or						
		on call to keep (R2) out of					
		nd have (R2's) medical					
	doctor order a safety	test on 7/5/13."					
	Physician orders for I	R2 include the following,					
	-	Retest in electric w/c. Signed					
	,	; 7/3/13 at 6:10 pm, "Keep					
		heelchair. Have safety test					
	on 7/5/13." On 7/9/13 at 2:36 pm, "(discontinue)						
	retest on w/c of 7/8/1						
		ne titled EVALUATION FOR					
		RIC WHEELCHAIR, dated					
	7/8/13, and located in R2's medical record. It is signed and dated by E16 (Medical Doctor). The evaluation includes the following: "Alert and						
		vers (Would there be any					
		rith this resident operating an					
	•						
	electric wheelchair?) with, "Use only in open areas like common/dayroom and outside."						
		not allowed to drive into					
	_	ose quarter at his table." E3					
		e/Supervisor) was asked on					
	9/18/13 at 9:00 am to	o clarify the evaluation as it					
	appears to allows R2						
	_	the use of it. E3 stated, "I					
		Medical Doctor). In the					
		f things (R2) can't use it					
		as discontinued the day after					
		't explain how that happened					
	the day after the eval						
	The facility policy title	RS, REMOVAL FROM					
		8/12, includes the following:					
		has the right to remove a					
		tric wheelchair if the resident					
	is deemed as an uns						
	PROCEDURE:						
		an order to "Remove					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING:		COMPLETED		
		IL6015473	B. WING		C <b>09/23/2013</b>		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
		1707 NO	RTH 12TH STRE	ET			
ILLINOIS '	VETERANS HOME AT QI	UINCY	IL 62301				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORF	RECTION (X5)		
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETE		
Z9999	Continued From page	e 15	Z9999				
	resident from the elec	ctric wheelchair and place in					
	a manual chair for res						
		Ichair will not be reinstated					
	until a decision has b	een made that the resident:					
	a) no longer has the	medical condition that					
	caused the resident to						
		nition such that the is safe to					
	drive the electric whe						
	6. When the physicia	an nas evaluated the blem and a determination					
		her or not the resident will					
		f electric wheelchair, a care					
	plan meeting will be s						
		or may not be required to					
	take a retest for driving skills."						
	A complaint form dated 7/22/13 was provided as						
	follow up to R2's lette						
	7/19/13. It states, "I f						
		withdrawn without adequate s. My speed controller had					
		I was unaware of this and					
	an accident resulted.						
		/23/13 at 1:00 pm by E3					
	_	es, "(R2) did request to talk					
	with me about (R2's)	electric wheel chair and the					
		ing his chair back. I again					
		s letter - after review of					
		t get chair back. That if (R2)					
		k to social services about an ) informed me he already					
	had."	) illioithed the tie already					
		m, E15 (RN) was asked why					
		air was taken away when					
		7/8/13 states (R2) can use					
	the chair in open area						
		eas. E15 stated E15 was					
		initial incident and did not					
	know what happened						
	The MDS (Minimum I 7/26/13 notes R2 to h	Data Set) for R2 dated nave the diagnosis of					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6015473	B. WING		C 09/23/2013		
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ILLINOIS	VETERANS HOME AT QU	JINCY 1707 NOR QUINCY, I	TH 12TH STRE L 62301	ET			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE		
Z9999	Chronic Airway Obstr	uction and scored a 15 in king noting his cognitive	Z9999				

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